

Georgia Department of Community Affairs
Community HOME Investment Program

20___ CHIP DOWN PAYMENT ASSISTANCE ACTIVITY SET UP FORM

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Revision <input type="checkbox"/> Cancelled	Name and Phone Number of Person Completing Form:
--	--

A. General Information

1. Name of State Recipient/Sub-recipient:	2. DCA Project Number:	3. Activity Name: Down Payment Assistance
---	------------------------	--

B. Activity Information

1. Activity Type (enter code): _____ Choose "3" for "Acquisition Only" if the home buyer will be purchasing a unit that received an initial certificate of occupancy at least 13 months before the scheduled loan closing. Choose "5" for "Acquisition & New Construction" if the home buyer will be purchasing a unit that received an initial certificate of occupancy within the past 12 months prior to the scheduled loan closing.			
2. Home Buyer's Name(s):		3. Street:	
4. City:	5. State:	6. Zip Code:	7. County Code:
Activity Estimates: 8. HOME Units: <u>1</u> 9. HOME Cost: \$ _____		10. Multi-Address (Y/N)? <u>N</u>	11. Loan Guarantee (Y/N)? <u>N</u>

C. CHDO Questions (Only if applicable)

1. Is funding limited to CHDO Operating (CO) or CHDO Capacity Building (CC) (Y/N)? <u>N</u> If Yes, STOP. DO NOT FILL OUT THIS FORM)	2. Will activity be funded with CR (Y/N)? <u>N</u> If yes, CHDO Acting as (enter code) _____ (1) Owner (2) Sponsor (3) Developer
3. Will initial funding be a CHDO Site Control and/or Seed Money Loan (Y/N)? <u>N</u> (If yes, answer Item 4)	4. Is the activity going forward? (Y/N): <u>N/A</u> (if "Y", fill out the rest of the form. If "N", only the cost information is needed)

D. Objective and Outcome

1. Objective (enter code): <u>2</u> (1) Create suitable living environments (2) Provide decent affordable housing (3) Create economic opportunities	2. Outcome (enter code): <u>2</u> (1) Availability/accessibility (2) Affordability (3) Sustainability
--	--

E. Special Characteristics

1. Faith-Based Organization Will this activity be carried out by a faith-based organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. HUD Activity Location Type "Y" next to any that apply: <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> (1) ___ CDBG strategy area (2) ___ Local target area (3) ___ Presidentially declared major disaster area (4) ___ Historic preservation area </div> <div style="width: 48%;"> (5) ___ Brownfield redevelopment area (6) ___ Conversion of non-residential to residential use (7) ___ Colonia (For AZ, Ca, NM, TX) </div> </div>	
3. DCA Program Type Specific Design Elements Type "Y" next to any that apply: (1) ___ Sets-a sets-aside funding for at least one (1) household at or below: ___ 60% AMI ___ 50% AMI ___ 30% AMI (2) ___ Design includes post-purchase home buyer education of no less than one year using local or non-CHIP resources. (3) ___ Sets-aside assistance to at least one (1) household which includes a family member with a disability. (4) ___ Sets-aside funding for the purchase of at least one (1) foreclosed property by an eligible home buyer. (5) ___ Incorporates a demonstrated partnership with a public housing authority or a targeted special need population to move individuals into homeownership. (6) ___ Limits assistance only to First-Time Home Buyers.	
5. Match Commitment Documentation of match commitment attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	

F. Beneficiaries (Use codes indicated below)

Unit #	# of Bdrms	Occupant	Household					# of Special Needs Person with a Disability in Household	Total Monthly Rent
			%Med	Hispanic Y/N	Race	Size	Type		
		2							N/A

1. Homebuyer Counseling Homebuyer received (enter code): _____ (1) No Counseling (3) Post-counseling (2) Pre-counseling (4) Both	2. FHA Insured Y/N? (For multi address activities)	3. First-time homebuyer Y/N?
4. Coming from subsidized housing Y/N?		5. Lease Purchase Y/N? If yes, date of agreement: (For multi address activities)

G. The following attachments are required for each unit proposed for Down Payment Assistance using CHIP Funds.

	Attached?	
	Yes	No
Income Verification Form (CC-8):		
Good Faith Estimate		
Truth and Lending Disclosure Statement (CL-7)		
Lender Certification to Georgia Housing and Finance Authority (CD-5)		
Appraisal		
HUD-1 Settlement Statement		
Certificate of Occupancy		
Certification of Home Buyer Education Completion		
Lead-based Paint Visual Assessment Inspection Report if built prior to 1978		
Declaration of Citizenship Status (CC-3 and, if applicable, CC-4):		
If applicable, Homebuyers Clear Zone Notice (CD-2)		
URA Contract Addendum (CD-6)		
Down Payment Assistance Environmental Assessment Worksheet and supporting documentation		

<p># of Bdrms 0 – SRO/Efficiency 1 – 1 bedroom 2 – 2 bedrooms 3 – 3 bedrooms 4 – 4 bedrooms 5 – 5 or more bedrooms</p>	<p>Occupant 1 – Tenant 2 – Owner 9 – Vacant Unit</p>	<p>Household % Med 1 – 0 to 30% 2 – 30+ to 50% 3 – 50+ to 60% 4 – 60+ to 80%</p>	<p>Race of Head of Household 11 – white 12 – Black/African American 13 – Asian 14 – American Indian/Alaska Native 15 – Native Hawaiian/Other Pacific Islander 16 – American Indian/Alaska Native & White 17 – Asian & White 18 – Black/African American & White 19 – American Indian/Alaska Native & Black/African American 20 – Other Multi Racial</p>
---	--	---	--

Household Size

1 – 1 person
2 – 2 persons
3 – 3 persons
4 – 4 persons
5 – 5 persons
6 – 6 persons
7 – 7 persons
8 – 8 or more persons

Household Type

1 – Single, non-elderly
2 – Elderly
3 – Single parent
4 – Two parents
5 – Other

Assistance Type

1 – Section 8
2 – HOME TBRA
3 – Other federal, state
or local assistance
4 – No assistance